N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

T. S. No. 1.

Village or City Bel air (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution of the latter of
* FULL NAME Cassie alexo	glve its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Lingle WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  1 HEREBY CERTIFY That I attended deceased from 12 T, 1913, to Sau 17 1913,
(Month) (Day) (Year)	that I last saw h. ex alive on Pau 16 - 1913
TAGE  TAGE  TO SUPPLY THE STATE OF THE STATE	and that death occurred on the date stated above, at 9.30 km, The CAUSE OF DEATH* was as followa: Capillary 13 nouch ilis
business, or establishment in which employed (or employer)	Contributory (Secondary)
9 BIRTHPLACE (State or country) Angold O Sid.  10 NAME OF FATHER Or OL Allyandle  11 BIRTHPLACE OF FATHER (State or country) Angold O Sid.  12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) A. T. Daut S
13 BIRTHPLACE OF MOTHER (State or country) Harford 60 Inch	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant) COMO & CONTROL OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
Filed Jan 18 , 1913 J. Lagar Deon REGISTRAR  If more blanks are needed, address State Registra	20 UNDERTAKEN  20 UNDERTAKEN  ADDRESS  ALL  ADDRESS  ALL  ALL  ALL  ADDRESS  ALL  ALL  ALL  ALL  ALL  ALL  ALL
	(a)

[Approved by U. S. Censns and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia disease, peritonaeum, etc.. Carcintosis of lungs, meninges, peritonaeum, etc.. Carcin-



ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailsmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County Harford 598	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
* FULL NAME Helena an	St.; Ward)  [If death occurred is a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Finale White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1- HEREBY CERTIFY, That I attended deceased from
Ope 23 , 19/1 (Month) (Day) (Year)	that I last saw h32 alive on fam 22 1913.
7 AGE    If LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, at
BOCCUPATION (a) Frade, profession, or particular kied of work. (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Doratien) yrs mes 36 ds.  Contributory Channel (Secondary)
10 NAME OF FATHER Levnard anote  11 BIRTHPLACE OF FATHER (State or country)  2 Ltly	(Signed) (Daration) yrs mos 21 és.  (Signed) , M. D.  22 , 1813 (Address) Favra de Isace 24
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Interment) Propher and	Where was disease contracted, If oot at place of death?  Former or usual residence
(Address) Houve de Frace  15 Filed Jan. 22, 1913 3. W. Steiner.	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PATERIAL  20 UNDERTAKER  ADDRESS  12
If more blanks are needed, address State Begistra	r, & E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write Wone. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpreal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head of (name origin; "Can-

PHYSICIANS show RECORD PERMANENT BINDING ated classified. 4 S properly NX ESERVE supplied. UNFADING may that ARGIN WITH terms, PLAINLY plain information 5 DEATH Jo Item OF

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#### PLACE OF DEATH STATE OF MARYLAND 599 CERTIFICATE OF DEATH Registration Dist. No fif death occurred in .....Ward) a hospital or Institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE, MARRIED, 97 Zelow 4 COLOR OR RACE WIDOWED, (Month) ORDIVERCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Frade, prefession, or particular klod of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----State or country) Contributory. (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country mos. State Where was disease contracted If oot at place of death?... usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation,-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

FOR

RESERVED

MARGIN

W. S. No. 1.

PLACE OF DEATH 6:0	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 15
Village or City Engree (No. 1900)	St; Ward)  [If death occurred le a hospital or institution give its NAME losteac et street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH
Male London RACE S SINGLE, MARRIED, WIDOWED, OR OIVORCED (Write the word)	16 DATE OF DEATH / 3 , 1912 (Month) (Day) (Year)
8 DATE OF BIRTH (Month) (Day) (Tear)	that I last saw h. M. slive on 1913
7 AGE 68 yrs. 9 mos. 14 ds. or. min.?	and that death occurred on the date stated above, at 8 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  9 COUNTRY STATEMENT OF TRADE (State or country)	Contributory Brug to Des (Secondary)  (Doration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	(Signed)  , 191 3 (Address)  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place  In the
(Address)  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filet 1913 One Metal REGISTRAR	20 UNDERTAKER GOSborn Hous Pengunu
If more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of Jungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may he stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver acound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Coliapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for

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602 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Harford 105 PHYSICIANS should of OCCUPATION is Registered No. [If death occurred in .....Ward) a hospital or institution. RECORD give its NAME instead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact statement RMANENT 16 DATE OF DEATH 6 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, BINDING (Month) (Day) OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH 1913 ... to 10-ם that I last saw h ..... alive on ....! classified. (Month) (Day) (Year) pe 7 AGE If LESS than and that death occurred on the date stated above, at 12,10 D 1 day ......hrs. shou OR ..... ? properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry. Dec. ESERV business, or establishment in (Duration) may which employed (or employer) -----Gontributory..... certificate. State or country) (Secondary) that (Deration) œ 10 NAME OF FATHER 80 jo ARGIN WITH pe 1913. (Address Larrettive back 11 BIRTHPLACE terms, ARENT (State or country) pinous \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-5 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State yrs, \_\_\_\_ mos. DEATH Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? ... cf Former or Item OF usual residence Important. ACE OF BURIAL ы DATE OF BURIAL Every 15 12 1912 ADDRESS REGISTRAR Address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the niseass should be taken to report specifically the occupations duties of the household only (not paid Housekecpers statement. Never return "Laborer," "Foreman," Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Mannger," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; tbe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthful. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: The -Coal (6)

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cause of death approved by Committee on Nomencla childbirth or miscarriage, as "Purperal septicharture of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: valvulur heart disease; Chronic interstitial nephritis nant neoplasms) : Measics; Whooping cough: Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the bead Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can-Never report Examples: For vio-10

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hospital or Institution. give its NAME lostead of street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE aw MARRIED. WHOOWED, (Month) (Day) Weste the word) I HEREBY CERTIFY, That I attended deceased from lu 191.2- to au / (Month (Year) (Day) 7 AGE if LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... mio. ? BOCCUPATION (a) Frade, profession, or (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ...... yrs, \_\_\_\_ mos. ..... ds. Where was disease contracted. if oot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 A same 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Village or City Summace Ald Leven H Collins Server of Celebrate Se	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.   S    St.; Ward)  St.; Ward)  If death occurred le a hospital or institution, give its MAME iostead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black (Write the word)  8 DATE OF BIRTH  Dauf Macui	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 2 2 , 1913, to 2 2 , 1913,
(Month) (Day) (Year)  TAGE  If LESS than 1 day,hrs.  BOCCUPATION (a) Frade, prefession, or particular kied of work.	and that death occurred on the date stated above, at 6 m.  The CAUSE OF DEATH* was as follows:
(b) Geograf nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  110 NAME OF	Contributory Care (Duration) yrs mos ds.  (Secondary) (Duration) yrs mos ds.  (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) Out Country  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Just Knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Informant) Sexu It Callins In	If not at place of death?  Former or usual residence
(Address) Surgeries  15 Filed Jan 24, 1913 Orion Completed  Zeres Registrar	DATE OF BURIAL ON REMOVED DATE OF BURIAL CHUNCH Chafel cumiting July 2637,191,3 20 UNDERTAKER WODRESS J. G. CHUNGEN DE HO avederer
ir more Dianus are needed, address State Registra	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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605 STATE OF MARYLAND PLACE OF DEATH state Very CERTIFICATE OF DEATH County. PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilf death occurred to St.: Ward) a hospital or institution, RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOROR RACE MARRIED 1914 WIDOWED. DNIONIB (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from Exact tated 6 DATE OF BIRTH 1912, to classifled. (Year) (Month) (Day) pe If LESS than TAGE and that death occurred on the date stated above, at should 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properly BOCCUPATION ш AG (a) Frade, profession, or particular kind of work. supplied. (b) General nature of Industry. pe ESERV business, or establishment in (Duration) тау which employed (or employer) seemed Contributory LAL certificate. 9 BIRTHPLACE (State or country) (Secondary) carefully \*\*\* that 10 NAME OF (Signed) FATHER 80 of ARGIN pe back , 191 3. (Address) 11 BIRTHPLACE terms, ARENT should OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place In the OF MOTHER (State or country DEATH \_ yrs. .... mos. .... State Where was disease contracted. If not at place of death? of Former of Item OF usual residence. Important. OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar/6 E. Franklin St., Balto., Meduesting V. S. No. 1.

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PLACE OF DEATH 607	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH Registered No / 82
Village or City Scarff (No. 2)	St; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Fernale Phile Single, widowed Wiboweo, ORONORED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  -1.HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Queg 3, 1827 (Month) (Day) (Year)	that I last saw h 4 alive on from 25 14, 1913.
7 AGE  85 yrs. 5 mos. 22 ds. ORmin.?	and that death occurred on the date stated above, stm, The CAUSE OF DEATH* was as follows:  Unulating and analyzed
© OCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  Perrhelace (State or country)	(Duration) — yrs. — mos. // 6s.  Gontributory 2 sknown (Secondary)  (Deration) — yrs. — mos. // 6s.
on 11 BORTHPLACE David alkinson	(Signed) Chys. Menardon , M. D. an 28th, 1913. (Address) Below ho
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds,
(Informant) Annie a. Amos	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Scarff P. O.  Filed Charles 7, 1913 George REGISTRAR REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Baptist Cem, near DATE OF BURIAL 28 11 191 3 20 UNDERTAKER ADDRESS HO, J. Walfer Pleasantille My
of more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrpural septichaeetc., when a definite disease can be ascertained as the ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "PUEBPERAL peritonitis," etc. State cause for tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For VIO-

RECORD PERMANENT plai EATH ō OF item CAUSE

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St: Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day. hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... <sup>9</sup> BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the of death ...... yrs. ..... mos. ..... ds. State Where was disease contracted. If not at place of death? Former or DATE OF 15 DDRESS REGISTRAR more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requestlog V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," the second (6)

Statement of cause of death—Name, first, the disease causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Sbock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "inanition," "Marasgenital," "Senfie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart discuse; Chronic interstitial nephritis oma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD QNIONIB RESERVED FOR MARGIN V. B. No. 1.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Karfard 609	CERTIFICATE OF DEATH Registered No. 184
Village or City Darlington (No	St; Ward)  [It death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. White Single,  Mannied,  Model. White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
S DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h dates, alive on 1913
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
OF FATHER Daniel Cokmon  11 BIRTHPLACE OF FATHER (State or country) Just Knamen  12 MAIDEN NAME OF MOTHER  4	(Signed), M. [  *State the DISEARE CAUSING DEATH, or, inc deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN STITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) //	At place in the of death yrs mos ds. State yrs mos ds.
Informant). Darlington Md. Ab.  Filed Juny 19, 191 26 James WM Trabb	Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Labernacable County  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Registrar	r, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as dutles of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE

childbirth or miscarriage, as "Purrerral scoticharetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Traemla," "Weakness," nant neoplasms) : Measles; Whooping cough: Chronic cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia." "Puerperal peritonitis," etc. State cause for thenia." "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. cause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle." etc.), "Dropsy," (Recommendations on statement of may be stated under the head (disease causing terminal conditions, such as "As-(name origin: "Candeath), 29 "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

"Croup"); Typhoia fever ("Pneumonia"); Lobar pneumonia; Bronehopneumonia; "Tubereu ("Pneumonia," unqualified, is indefinite); Tubereu losis of lungs, meninges, peritonaeum, etc.. Carcin-

610 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. fit death occurred in Village or City St: .....Ward) a hospital or institution, RECORD give its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ERMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) (Write the word) 1 HEREBY CERTIFY, That attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day, .....hrs. OR ..... min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in UNFADING which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 0 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER lons plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Instructi At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ ds. EATH Where was disease contracted, If not at place of death? 0 a Former or OF usual residence. mportant. PPLACE OF BURIAL OR REMOVAL CAUSE DATE OF BURIAL 15 20 ON DERTAKER ADDRESS REGISTRAR In man If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiishould be taken to report specifically the occupations who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the nisease causing death—Name, first, the nisease causing death—Name, first, the nisease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unquaiffed, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

cer" is less definite; avoid use of "Tumor" for mailg scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g. dcnt; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement scptichaeinus," "Oid Age," "Shock," "Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the affection need not be stated unless important. "Ileart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

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state

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

fit death occurred in St:.....Ward) a hospital or Institution, give Its NAME Instead

of street and number. 1

----, 191 B

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY. That I attended deceased from that I last saw h. www. alive on and that death occurred on the date stated shove, at The CAUSE OF DEATH \* was as follows: 191.8 (Address) Allers \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the ds. State BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cbildbirth or miscarriage, as "Purpresal septichac cause. Always qualify all diseases resulting from "Hart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencla sepsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as wbich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Fxhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix ver" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . The contributory (secondary or Intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:

T. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Abecdeur (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No  St; Ward)  [if death occurred in a hospital or institution, give its MAME lostead of street and number.]
* FULL NAME BROWN Frence	7.00
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4 COLOR OR RACE MARRIED, Surgle Widowed, ORDIVORCED (Write the word)	(Month) (Day) (Year)  117. A I HEREBY CERTIFY That I attended deceased from
BOATE OF BIRTH	Hele 6 , 1912, to Jan 3 , 1913,
(Month) (Day) (Year)	that I last saw harmalive on fue 3 ,1915
7 AGE If LESS than	and that death occurred on the date stated above, at 7,30 Am,
yrs. O mos. 1/2 ds. or	The CAUSE OF DEATH* was as follows:
e occupation (a) Trada, profession, or Lobool gul particular kind of work	Genicions Malmia
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. 2 mos. ds.
BIRTHPLACE (State or country) Havend C	(Secondary)  (Duration) 778 mos ds
10 NAME OF BENJAMAN FALL	(Signed) Swist Rriete, M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER ANNIL TO ATTILL	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Q 12 MAIDEN NAME OF MOTHER ANNU TO ATTUL	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) Hand Ce	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Informant, Sunne C. Hell	Former or usual residence
(Address) Whaller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan 6, 1913 Over Allertad REGISTRAR	20 UNDERTAKER STOTAL ADDRESS ADDRESS ADDRESS ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indimaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite sainry), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Houscicife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease). Bronchopneumonia" ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puenrenal scpticharcause. etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.: valvular heart discase; Chronic interstitial nephritis nant neoplasms) : Mcasles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mails tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

V. S. No. 1.

613	
PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Edgesmid (No	St; Ward)  [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE Single, MARRIED, MIDOWED, WIDOWED, OR OIVERED (Write the word)	16 DATE OF DEATH JAW 6 1913 (Month) (Day) (Year)
GDATE OF BIRTH Chay, 29 1872	I HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year)	that I last saw h Mailve on AM 15 1913
7 AGE  11 LESS than 1 day, hrs. 0 cr. min.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Varruchywators Mythritis  (Duration) 3 yrs. mos. ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  // Jasfurd Co. Ind.	Contributory (Secondary) (Secondary) mos ds.
10 NAME OF Beinge Himbarger	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) England	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Mm Hombarger	It not at place of death?  Former or usual residence
Address) Edgewood And	abing don md Jan 19 th, 1918
Filed /- 19- 1913 Cha C. Creswell	Chas & Himberger Bensen Ind
If more blanks are needed, address State Registrar, 6 E	C. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galufully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senlie," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viothenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples:

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Havre de Grace (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Cloral Single, Windows, With the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERIFY, That I attended deceased from
7 AGE  Organia (Month)  Organia (Tear)  Tage  Organia (Tear)  Tage  Organia (Tear)  Organia (Tear)	that I last saw h alivo on
© OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  © BIRTHPLACE (State or country)  EXAMPLE OF COUNTRY)	(Ouration) yrs. mos. ds.  Contributory (Secondary)  (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER  State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  Filed and, 8, 1913  7. M. Steiner  RECISTRAR	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Standard Centery  ADDRESS  Talener anne Tather Harry de Inc.
(Address) Han Or L. M.)  18 Fileg Jan. 8, 1913 7. W. Steiner RECISTRAR	Stanis Centery Saw 9 1913  20 UNDERTAKEN 7 - ADDRESS

[Approved by U. 8, Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons -Coal

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, accepted them and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal schlicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin: "Can Examples: For vio-

N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A FERMANENT RECORD MARGIN RESERVED FOR BINDING

W. B. No. 1.

Village or City Prymus No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  St; Ward)  St; Ward)  [It death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOROR RACE 5 SINGLE, MARRIEO, WIDOWED. ORDINORCED (Write the word)  8 DATE OF BIRTH  Jan 3, 1913	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191, to 191, to 191,
7 AGE (Month) (Day) (Tear) 7 AGE (Month) (Day) (Tear) 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 92 m, The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)	(Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accidental, or Recent Residents  *Is Length of Residence (For Mospitala Institutions, Transienta, or Recent Residents)  At place in the of death yrs. mos. ds.
(Address)	Where was disease contracted, If not at place of death?  Former or  Usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ALL  ADDRESS
If more blanks are needed, address State Registrar	, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekcepers statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons -Coal (%)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-irrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpural septichacetc., when a definite disease can be ascertained as the ample: Measles (disease cansing death), 29 de.; ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dcnt: Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopmcumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." is icss definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-

RECORD PERMANENT BINDING d IS FOR THIS INK RESERVED UNFADING MARGIN WITH PLAINLY

No.

N. B.

#### PLACE OF DEATH Very PHYSICIANS should state of OCCUPATION IS Exact statement PERSONAL AND STATISTICAL PARTICUL EXACTLY. S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO, ORDIVORCED stated B DATE OF BIRTH properly classified. (Day (Month pe TAGE should 8 OCCUPATION AGE (a) Trade, profession, or particular klod of work. carefully supplied. (b) Geoeral nature of Industry, business, or establishment in which amployed (or amployer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 50 pe S DEATH in plain terms, back 11 BIRTHPLACE PARENT OF FATHER (State or country) Information should LO 12 MAIDEN NAME OF MOTHER See instructions 13 BIRTHPLACE OF MOTHER (State or country of Item PO Every item CAUSE OF Important. 15

If more blanks are needed, address

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 8

Kian	St.; Ward) a hi	[It death occurred in ospital or Institution, its NAME lostead treet and number.]
ARS	MEDICAL CERTIFICATE OF DEATH	
namical	16 DATE OF DEATH (Month) (Da	8,1913 (Year)
(Year)  If LESS than 1 day,hrs. ORmio.?	Och 1 1912 to face 8	deceased from
Ind	Gontributory (Secondary)  (Signed)  (Duration) - yrs.  (Duration) - yrs.	mos / S ds.  mos
nd.	*State the Disease Causing Death, or, in deaths Causies, state (1) Means of Injury; and (2) whe Tal, Suicidal, or Homicidal.	from VIOLENT ther ACCIDEN-
Inol, LEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIO OR RECENT RESIDENTA) At place In the ot death yrs, mos. ds. State yrs, where was disease contracted, it not at place of death?  Former or usual residence.	
REGISTRAR State Registrar	20 UNDERTAKER ADDRES  7, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	L. 1913

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (S)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the deather to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. sepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 etc. The contributory (secondary or intercurrent) valvular heart disease; Ohronic interstitial nephritia ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Never report

certificate.

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Instructions

mportant.

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#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in .Ward) a hospital or Institution. give its NAME lostead of street and number.? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, MARRIED. Marrie SEX 4 COLOR OR RACE WIDOWED, (Day) (Month) (Write the word) In I HEREBY CERTIFY, That I attended deceased from that I last aaw h. Lan. alive on ..... Yass 28 (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day,....hrs. OR ..... 7 BOCCUPATION (a) Frado, profession, or (b) General nature of Industry, business, or establishment in which amployed (or employer) -----(Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) Havre de ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. ... Where was diseaso contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR 6 arrade If more blanks are needed, address State Registrat 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Houscwife, Housework, or At Home, and children, not minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpural septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Contributory." scpsis, tetanus) may be stated under the head LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing etc. The contributory nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds.; For vio-

STATE OF MARYLAND PLACE OF DEATH 618 Very CERTIFICATE OF PHYSICIANS should of OCCUPATION IS Registered No fit death occurred in a hospital or institution, give its NAME instead RECORD of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3.5 % ERMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX MARRIED, (Year) (Month) (Day) WIDOWED, ORDIVERCED BINDING CERTIFY, That I sttended decessed from 8 DATE OF BIRTH (Year) (Day) (Month) and that death occurred on the date stated above, st It LESS than TAGE 1 day ..... hrs. The CAUSE OF DEATH \* was OR ..... min. ? THIS BOCCUPATION (a) Trade, profession, or particular kind of work. INK (b) General nature of Industry, supplied. pe business, or establishment in UNFADING may which amployed (or employer) ..... Contributory .... (Secondary) 9 BIRTHPLACE (State or country) that 10 NAME OF (Signed) FATHER. 0 NORA 11 BIRTHPLACE terms, ARENT \*State the DISMASE CAUSING DEATH, or, in deaths (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS. See Instructions Information OR RECENT RESIDENTS) in the At place 13 BIRTHPLACE = OF MOTHER (State or country) State ..... yrs, ..... mos. ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. DEATH Where was disease contracted. It not at place of death?... 0 usual residence..... Item OF CAUSE OF F BURIAL 15 20 UNDERTAKER Flied /

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Ilbusewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; tbe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purpural septichacture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:

MARGIN RESERVED FOR BINDING

CCCUPATION IS PHYSICIANS RECORD statement PERMANENT EXACTLY tated pinoda THIS roperi AGE Z ā pe supplied. UNFADING may certificate. carefully that it 80 Jo back terms, pinous uo plain Instructions information Ē DEATH WRITE See Jo OF Item important, CAUSE (

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in St:....Ward) a hospital or institution, give its NAME lestead et street and number. 1 MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Day) (Month) (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Day) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, .....hrs. BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory BIRTHPLACE (Secondary) (State or country) (Beration 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ de. State Where was disease contracted. If oot at place of death?. Former or (intermant) usual residence DATE OF BURIAL (Address 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should of OCCUPATION is RECORD properly certificate. jo plain See Instructions = DEATH WRITE OF mportant. CAUSE

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#### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No .Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED. (Write the word) That I attended deceased from DATE OF BIRTH (Month) (Year) (Day TAGE It LESS than 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death State ...... yrs. \_\_\_\_ mos. \_\_\_ \_\_\_\_\_ yrs. \_\_\_\_ mos. . \_ ds. Where was disease contracted, if not at place of death?. Former or usual residence. REMOVAL

If death occurred in

a hospital or Institution.

give its NAME Instead of street and number.]

DATE OF BURIAL

NODRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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RESERVED FOR BINDING MARGIN

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A FERMANENT RECORD

Village or City whitefood (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE 5 SINGLE, MARRIEO, WIDOWED, WIDOWED, Write the word)  S DATE OF BIRTH  (Month) (Day) (Tear)	16 DATE OF DEATH  (Mopph) (Day) (Year)  1 HEREBY CERTIFY, That I attended deceased from 1913 to Jan 30 1913.  That I last saw here alive on Jan 29 1913.
7 AGE   11 LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
SOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)	(Street) (Duration) yrs. mos. / O. ds.  Contributory admia solve dis (Secondary)  (Secondary)  (Street) (Duration) yrs. mos. ds.  Aug ay  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.  18 Length of Residence (For Hospitals. Institutions, Transients, or Recent Residents)  At place in the of death yrs. mos. ds. State yrs. mos. ds.
Informant) Cob Mush  (Address) Unitefred Lyd,  Filed Patrice 1918 There was Begistran	Where was disease contracted,  If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LOUIS ADDRESS  ADDRESS  DECLEY A  DECLEY A
If more bisnks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Association.]

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V. S. No. 1.

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	1 PLACE OF DEATH	STATE OF MARY	LAND
	26. 1. 1 629	CERTIFICATE OF	DEATH
Co	unty Harford 622	(64) Registered	No. 183
Vi	liage or Gity Sylewill (No. 2	St;Ward)	[It death occurred in a hospital or institution, give its NAME instead
	FULL NAME Denjamin J. J.	apperson	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 SE	Lale While (Write the word)	16 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That I att	(Day) (Year)
6 D/	(Month) (Day) (Year)	that I last saw h Mu alive on Harry	5th, 1913; 2 w,1913
7 A C	1 1500 Ab.	and that death occurred on the date stated abo	ve, at 8. Q - m.
	66 yrs. mos. ds. or min.?	The CAUSE OF DEATH* was as follows:	
(8)	Trade, profession, or national Soldies Ion ticular kind of work		
(b) busi	General nature at Industry, ness, or establishment in ch employed (or employer)  Aduntator — Va-	(Quration)	rsmos_1 at ds.
9 BI	RTHPLACE ate or country)	(Secondary) (Doration)	yrsds.
	10 NAME OF Willage & Patherone	(Signed) Valle Hawk	Us M.D.
ITS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in c	Martha from Violence
ARENT	12 MAIDEN NAME OF MOTHER 10	CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	whether Acciden-
PA	They aringham.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS,
	of Mother (State or country)	At place in the ot death yrs mos ds. State	yrs, mos, ds.
141	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?	30000000000000000000000000000000000000
	(Informant) Us. Ilyanin Jallerson	Former or usual residence	
	(Address) Tylisorlle - Ma	D . D. Q.	my - 8 1913
15 Fil	ed Jan 6 1913 Joshily La	100000000000000000000000000000000000000	DORESS UN From Pr
	If more blanks are needed, addless State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. Ne.	1.

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons 9

pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); Typhoid fever brospinal fever (the only definite synonym term for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc.. meningitis"); Diphtheria (avoid use of (never Examples: Cercbrospinal report "Epidemic cere-"Typhoid Carcin-

> childbirth or miscarriage, as "Puerperal septichaeinjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weaknesa," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritie cer" is less definite; avoid use of "Tumor" for malleture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronia oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No Ilf death occurred in PHYSICIANS St.; .....Ward) a hospital or Institution. RECORD give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ANENT EXACTLY 16 DATE OF DEATH 5 eINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED. (Month) (Day) ORDIVORCED (Write the word) I HERBEY CERTIFY, That I attended deceased from Exac 6 DATE OF BIRTH stated M 866 classifled. (Year) (Month) (Day) pe 7 AGE If LESS than and that death occurred on the date stated above, at... pinous 1 day hrs. OR ..... 7 properly BOCCUPATION AGI (a) Frade, profession, or particular kind of work. (b) General nature of industry, pe supplied ESERV business, or establishment la (Duration) may which employed (or employer) ..... certificate. Contributory 9 BIRTHPLACE carefully o (Secondary) (State or country) 10 NAME OF FATHER (Signed) 20 0 MARGIN be . 1913 (Address) Alexand back 11 BIRTHPLACE ARENT OF FATHER (State or country) pinous term \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 0 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE ٤ At place In the OF MOTHER (State or country EATH ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. ..... Where was disease contracted. 14THE ABOVE IS TRU If not at place of death? o 0 Former or Item usual residence..... ō mportant. 19 PLACE OF BURIAL OR REMOVAL M DATE OF BURIAL Every 15 2Q UNDERTAKER ADDRESA REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative mealthfuicases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	PLACE OF DEATH	624	STATE OF MA	ARYLAND
С	ounty Hayval	-	CERTIFICATE  Registration D	OF DEATH Dist. No. 182
\	FULL NAME Jama	es Pelusor	St; War	(d) [If death occurred in a hospital or lastitution, give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
35	la la Mai A F	BINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	/4 , 1913. (Day) (Year)
6 0	ATE OF BIRTH Man (Month)	(Day) (Year)	mat I last saw being alive on Jan	14 1912.
7 A	g E 9 3 yrs. 10 mos.	If LESS than   1 day,hrs.   ORmin. ?	snd that desth occurred on the date state. The CAUSE OF DEATH* was as follows:	1301
(a	CCUPATION ) Frade, profession, or ricular kind of work		Heute Indig	esta a
bus Whi	Geoeral nature of industry, iness, or establishment in ch employed (or employer)	4	Contributory	yrs mos/_ ds.
S	10 NAME OF FATHER 2mkn	o bid	(Secondary)  (Signed) J'. Lee Sfing  [Address]	lee nos ds.
PARENT	(State or country) Inker  12 MAIDEN NAME OF MOTHER  OF MOTHER	vonn.	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.	In deaths from VIOLENT d (2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	nom.	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds, Stato	yrs, ds.
	(Informani) John M. Pelu	FMY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence	
16	(Address) Bel an	And Dune	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER	DATE OF BURIAL
Fil		REGISTRAR ded, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S.	Bel an Ind.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. tion is very important, so that the relative acaithfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of tungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report

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Village or City Bulling (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 82  [If death occurred in a hospital or institution, give lits NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wile the word) 6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day)  (Year)  1 Au 715  1913, to Au (5 1913.
(Month) (Day) (Year)	that I last saw h. A. alive on Dau. 1814 1913
PAGE  If LESS than 1 day,hrs. ORmin.?  B OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 1040 g.m., The CAUSE OF DEATH* was as follows:  Capillan houchili
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) A. 7. Vant Sibb M. D.  (Signed) A. 7. Vant Sibb M. D.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted, If not at place of death?
(Address) Bel der Inde (Address) Bel der Inde Filed Jan 20, 191 J. Edgar Dean Suk REGISTRAR	Former or usual residence.  19 place of Burial or REMOVAL DATE OF BURIAL ADDRESS 20 UNDERTAKER ADDRESS BULLAN BALL
if more blanks are needed, address State Registra	r, o E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the respect to the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, persionaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia er" is less definite; avoid use of "Tumor" for malls Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples:

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#### STATE OF MARYLAND 1 PLACE OF DEATH 626 CERTIFICATE OF DEATH PHYSICIANS shoul Registration Dist. No. [If death occurred in St.:....Ward) a hospital or Institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED. 3 SEX 4 COLOROR RACE WIDOWED, (Month) (Dav) Weste the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at... 1 day, O. hrs. The CAUSE OF BEATH \* was as follows: OR ... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) .....yrs.....mos..... which employed (or employer) ..... that it m Contributory..... BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER JO. back 11 BIRTHPLACE L OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions o OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. ..... mos. ... State Where was diseaso contracted. If not at place of death? ... Sec Former or usual residence. mportant. 19 PLACE OF BURIEL OR REMOVAL PATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS m REGISTRAR z If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichac etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (name origin: "Can Examples:

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	S 11 S 11 W 12 W 12 W 13
Every Item of Info SAUSE OF DEATH Mportant, See Ins	14 THE (Info
N. 8.—	Flied

	PLACE OF DEATH	STATE OF MARY	LAND
	. Horstord 627	CERTIFICATE OF	DEATH
Go	ounty reactor as	Registration Dist.	No. 183
V	lilage or City Mille Mall (No.	St.; Ward)	[it death occurred in a hospital or institution
	1/1/1		give its NAME instead
	FULL NAME MUCHAEL MYA	1.2	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3 SE	SCOLOR OR RACE  Scolor OR RACE  MARRIED, WLOWEN  WIDOWED,  OR DIVORCED  (Write the word)	16 DATE OF DEATH (Month)	/2 , 1913. (Day) (Year)
8 0		I HEREBY CERTIFY, That I atte	nded deceased from
0.0	Doc 12 1897	Jun 10 , 1913, to fan	1913,
	(Month) (Day) (Year)	that I last saw hell alive on fan	11 ,1913
TAC		and that death occurred on the date stated abo	ve. at 7 a m
	8.5 yrs / mos. ds. or min.?	The CAUSE OF DEATH* was as follows:	1-1-
80	CCUPATION	0 (1) 1/10	nomilis
(a)	Trade, profession, or Hanne	La Trippe	
(b)	General nature of industry,		****************************
	ness, or establishment in ch employed (or employer)	(Duration)yı	rsds.
-	RTHPLACE (atte or country) Irland	Contributory (Secondary)	• • • • • • • • • • • • • • • • • • • •
	10 NAME OF Michael Ryan	(Signed) J. O. O. J.	rs
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in do	Mall Ma
PARE	12 MAIDEN NAME OF MOTHER CHANGE	CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST	whether Acciden-
	13 BIRTHPLACE OF MOTHER (Stale or country)	At place In the	YTS MOS ds
141	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) James Halder	Former or usual residence	***************************************
	(Address) While Hall Md	19 PLACE OF BURIAL OR REMOVAL	TE OF BURIAL
15 Fli	ed 1913/ 1913 Fr To Jugner Mas	20 UNDERTAKER AD	M, 1913
-	Local REGISTRAR	Bester with the	Phile 18 20
1	If more blanks are needed address State Doule tees &	Fi Discussion CA Data D	

If more blanks are needed, address State Regis trar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum,

by carbolic acid-probably suicide. The nature of the cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train—acct sucb, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and QUARTY as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Turrement septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," tbcnia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) sepsis, tetanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrbage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_ The contributory (secondary Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can or intercurrent State cause for Examples: 01

FOR BINDING RESERVED MARGIN

V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A N. B.

County Hard 628	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 18
Village or City Ham In Space (No. 1)	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Fluid Color or RACE Songer, Married Market Office (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH  Chul 12  (Month) (Day) (Year)	that I last saw h & alive on
7 AGE  3/ yrs. 8 mos. 15 ds. or	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	Desphatis + Bronchilis  (Duration) yrs 6 mos ds.
which employed (or employer)  BIRTHPLACE (State or country)  Caford	Contributory Landie (Secondary)  (Defailing) yrs mos ds.
11 BIRTHPLACE OF FATHER OF FATHER	(Signed) T. Meiner J. M. D. Jan 7, 1913 (Address) Tava Trans Inc
OFFATHER (State or country) Carford Co	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Hody of Co.	OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds.  Where was disease contracted.
(Informant) Suga Marie	If not at place of death?————————————————————————————————————
(Address) Carred hay	Freen spring Cimilery Jun. 10 1913.
Filed for 9, 1913 Stor Glackan Registran  If more blanks are needed, address State Registra	20 UNDERTAKÉR  ADDRESS

[Approved by U. S. Census and American Public Health
Association:]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PURPERAL septichae genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

STATE OF MARYLAND PLACE OF DEATH state CERTIFICATE OF DEATH OCCUPATION IS Registered No I it death occorred is St: .....Ward) PHYSICIANS a hospital or Institution, give its NAME lostesd of street and number. I MEDICAL CERTIFICATE PERSONAL AND STATISTICAL statement ERMANENT 16 DATE OF DEATH S-MINGLE. SEX. 4 COLOR OR RACE MARRIED, WIDOWED. (Year) (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day) (Year) If LESS than TAGE should 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry. supplied. pe business, or establishment in (Duration) may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 9 Jo (Address) .... 11 BIRTHPLACE terms, ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS 13 BIRTHPLACE At place In the 5 OF MOTHER (State or country State ..... yrs. \_ ot death DEATH Where was disease contracted. It not at piace of death?. See 0 Former or item OF usuai residence Every item CAUSE OF Important. DATE OF BURIAL (Address) ..., 191...<u>.</u> 15 ADDRESS Filed Mrsec y des 100 ż If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MARGIN

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations wbo receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal scottchacnant neoplasms); Measles; Whooping cough; Chronio by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For vicmia," "PUERFERAL peritonitis," etc. State cause for etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of cause of death approved by Committee on Nomenclascpsis, tetunus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Meastes (disease causing Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Never report Examples:

	PLACE OF DEATH	STATE OF MARYLAND
	Harley 630 / It	CERTIFICATE OF DEATH
C	ounty	Registered No. 184
.,	Rylenello	If death occurred
V	illage or City (No	St; Ward) a hospital or institute
	* FULL NAME Charles Henry	Grilleanns et street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 56	EX 4 COLOR OR RACE 6 SINGLE,	16 DATE OF DEATH . Land 25 1018
9	rale Colored (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	June 1911 to far 28 1910
	Jun 18, 1836	
7 A	(Month) (Day) (Tear)	that I last saw hammalive on
. Ac	7 Q 1 1 day,hrs.	and that death occurred on the date states above, at
	/ 8 yrs. 6 mos. / ds.   ORmin.?	The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, profession, or	
pai	ricular kind of work	
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos ds.
		Contributory (Secondary)
(8)	external action of the country of th	(Duration) yrs mos ds
	10 NAME OF Charles H Williams	(Signed) Charles and mand, M. D.
TS	11 BIRTHPLACE	Jan 36, 1913 (Address) July 600 and
ENTS	(State or country) Kerry Conf.	*State the DISEASE CAUSING DEATH, or, Indeaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and ) whether ACCIDEN-
PAR	12 MAIDEN NAME Charity Berry	TAL, SUICIDAL, OF MOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) quayland.	At place lo the of death yrs
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	informant, Orieklen Lee	Former or
	(Address) Bylewille and	19 PLACE OF BURIAL OR REMOVAL DE OF BURIAL
15	1	Stonaryes cemetery 2 Jan 1918
File	ed Jany 20, 1913 Junes H Menade	Dra low de love July 116 116
	If more blanks are needed, address State Begistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (d) Cotton mill; (a) Salesman, (d) Grocery: (a) Foreman, (d) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Forcman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fiver (the Grily-definite synonym is Indicate our prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septicharcause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of \_\_ Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 631	STATE OF MARYLAND
7	CERTIFICATE OF DEATH
County Thanks	Registered No. 181
Village or City Mehaits Lugno.	St; Ward)  [If death occorred in a hospital or Institution, give its NAME lostead
FULL NAME Van della William	ej street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h alive on 191
7 AGE   1f LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 130 a.m.
6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	Brancho - Goration) yrs. mos. cs.
which employed (or employer)  BIRTHPLACE (State or country)  Manual (and decided)	Contributory(Secondary)
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Off Coreanies M. D.  July 14, 191 % (Address) Denny was ded  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Hathie Brown  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted, If not at place of death?
Informatt, handella Williams	Former or usual residence
Filed Jon 15 1913 Stor Blufar Registran	20 UNDERTAKER  20 UNDERTAKER  ADDRESS  Luyman  ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
and	at, v a. Prantiti ot., Daito., acquesting V. S. No. 1,

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, It should he used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the diblabs causing death—Is already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ceretrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc... Carcin-

scpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallecause of death approved by Committee on Nomencia. lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. which surgical operation was undertaken. For vro-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:

	FULL NAME WE ST. WILLIAM	***************************************
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
n SE	all White the word)	16 DATE OF DEATH
8 D/	ATE OF BIRTH	17 I HEREBY CERTIFY,
	(Month) (Day) (Year)	that I last saw h.c. alive on
TAG		and that death occurred on the date
	34 yrs 2 mos. 15 ds. or min.?	The CAUSE OF DEATH* was as foli
(a) par (b) busin whice	Frade, profession, or fluids kind of work	ly falling to
		Cantalbut
(St	RTHPLACE ate or country) Harland to Smill	Contributory(Secondary)
(St	RTHPLACE	(Secondary)
NTS	RTHPLACE ate or country) Harfold to Such	(Signed) (Signed) (Signed) (Address) (Address) (State the DISEASE CAUSING DEAT
TS	10 NAME OF FATHER A. Walson  11 BIRTHPLACE OF FATHER	(Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (State the Disease Causing Deat Causes, state (1) Means of Injuratal, Suicidal, or Homicidal.
ARENTS	10 NAME OF FATHER (State or country) Harfold to Such  11 BIRTHPLACE (State or country) Harfold to Such  12 MAIDEN NAME 6	(Signed) (Signed) (Address) (Address) (State the DISEASE CAUSING DEAT
PARENTS	10 NAME OF FATHER AND DANS OF MOTHER PLACE OF MOTHER AND ALLER PLACE OF MOTHER PLACE	(Signed), 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

632

PLACE OF DEATH

#### STATE OF MARYLAND E OF DEATH

Ward)

[If death occurred in a hospital or institution, give its NAME lastead of street and number. ?

E OF DEATH (Day) hat I sttended deceased from .yrs.....ds. or, in deaths from VIOLENT and (2) whether ACCIDEN-ALS, INSTITUTIONS, TRANSIENTS, ate ...... yrs. \_\_\_\_ mos. .... ds, DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. statement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: For persons "Foreman," The (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATER State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ver" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report